

For official use only:

Customer Name

Customer No.

PD F 2778-1

Department of the Treasury

Bureau of the Fiscal Service

(Revised January 2014)

CERTIFICATION ATTACHMENT

(May be used for up to two additional signatures and certifications)

Attached to and made a part of Form: _____

Sign in ink in the presence of an authorized certifying officer.

Sign Here

(Signature)

(Print Name)

Home Address

(Number and Street or Rural Route)

(Social Security Number)

(City)

(State)

(ZIP Code)

(Daytime Telephone Number)

E-Mail Address

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____,
(Month) (Year),
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

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